

## BLEPHAROPLASTY (Surgery of the eye)

### GENERAL INFORMATION

Blepharoplasty is performed to reduce the wrinkles and/or bulging of the eyelid tissue, not all patients exhibit the need for removal of both excess skin and excess fat (bags). In many cases only one or the other procedure is needed. Newer procedures include operations to mold existing fat under the eyes, preservation of the natural fullness below the eyes while reducing the bulges, and the cheeklift operation, which involves tightening of the eye muscle below the eye and elevation of the cheekpad complex in a purely vertical direction.

Every wrinkle and fold of skin around the eyes cannot be removed. The judgment of your plastic surgeon should accept as to the amount of skin that can be removed to affect the most suitable result for a particular problem. The final result of plastic surgery is determined by a number of factors such as the physical condition of the face, the presence or absence of facial fat, the relative "age" of the skin, the quantity and quality of wrinkles present, the underlying bone structure and hormonal influence.

The length of time the surgical result will last varies with each individual person. In most cases the pouches beneath the lower lids do not recur. But as one grows older the skin becomes looser and more redundant and a "trim" of loose skin may be necessary at some time within the next seven to ten years.

PHOTOGRAPHS are as important to plastic surgeons as X-rays are to physicians in other specialties. Therefore, preoperative and postoperative photos are taken on all our patients scheduled for eyelid surgery and become a permanent part of the patient's confidential medical records.

The surgery can be performed either in our office surgical suite or in the hospital. The decision as to the location will depend upon the desires of the individual patient and the judgment of the physician.

Patients who have surgery performed in the office return home two to three hours following the operation. If surgery is performed in the hospital, the patient may go home the same day or may stay overnight and go home the next day.

WORK AND SOCIAL ACTIVITIES are usually curtailed for a period of ten to fourteen days following surgery. Driving may be resumed in two to three days.

### POSSIBLE COMPLICATIONS

Complications are rare. Occasionally blood will accumulate under the incision edges. In some instances there may be enough blood to warrant removal in order to speed up the healing. Infection is very rare. Occasionally the lid may be pulled away from the eye a slight amount. This may be caused by abnormal deep scar healing. The problem is usually temporary but may require surgical correction later. Small bumps along the incision line may occur two to three weeks after surgery. These are cysts or plugged sweat glands. Most of these disappear but occasionally they need to be opened. This is a very minor procedure and can be done in the office.

### THE ANESTHESIA

The operation is performed under local anesthesia with intravenous sedation. This anesthetic technique involves the combined administration of intravenous sedative drugs and the injection of a local anesthetic into the tissue of the eyelid while the patient is asleep. All of the required monitoring, anesthetic delivery and emergency equipment are present at all times. The local anesthetic is administered by the surgeon; the intravenous medications are administered by a licensed, professional anesthesia provider who remains in attendance throughout the operation. Further information, including any questions you may have, will be explained and discussed fully by our anesthetist at the time of your pre-operative appointment.

### THE SURGICAL PROCEDURE

The surgery takes approximately one hour to complete.

### THE LOWER LIDS

The incision is made on the lower lid 1/16 of an inch below the lash margin and the outer corner of the eye, parallel to the lower lid margin to slightly past the outer corner and then curves into the wrinkles or "laugh lines" for about one centimeter. The skin is carefully dissected away from the underlying tissue; the approximate amount of excess fat (bagginess) is removed from below the eye; the skin is closed with fine sutures. Sometimes adhesive strips are applied across the other portion of the incision.

### THE UPPER EYELIDS

Before the incision is made on the upper lid, the excess skin is outlined. The outline is drawn so that the incision line and resulting scar fall within the normal skin crease when the eye is opened. The incision is flared upward at the corner following the eyebrow line; the predetermined amount of skin is removed; the appropriate amount of excess fat is removed and the skin is closed with fine sutures.

### WHAT TO EXPECT AFTER SURGERY

There is little pain associated with this type of surgery. What discomfort there is can be controlled with pain medication prescribed by your surgeon. Cold Compresses to eyes for the first 24 hrs. will help with swelling.

SWELLING, BRUISING AND DISCOLORATION Of the eyelids varies with each patient and may be slight or considerable. Most of the swelling and bruising is gone within five to ten days, but it is not unusual for the discoloration to last longer. During this time the eyelids may appear baggy, irregular and asymmetrical.

### DOWNWARD DISPLACEMENT OF THE LOWER LIDS

The lid may pull away from the eyeball slightly. This is due to swelling and disappears as the swelling subsides. Because of this drooping of the eyelid, it is not unusual for the eyes to experience slight watering.

REDNESS OF THE EYEBALL may occur and is a result of the bruising of the soft tissue around eye. It is harmless and painless. The stitches are removed from the eyelids approximately four to six days after surgery.